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Bib Data Sheet

CONFIRMATION NO. 5350

<b>SERIAL NUMBER</b> 09/835,197	<b>FILING DATE</b> 04/13/2001 <b>RULE</b>	<b>CLASS</b> 705	<b>GROUP ART UNIT</b> 2161 3626	<b>ATTORNEY DOCKET NO.</b> HCP-001.01
<b>APPLICANTS</b> Yvedt L. Matory, Dedham, MA; <b>** CONTINUING DATA *****</b> THIS APPLN CLAIMS BENEFIT OF 60/196,699 04/13/2000 AND CLAIMS BENEFIT OF 60/218,949 07/14/2000 <i>ok In 4-29-05</i> <b>** FOREIGN APPLICATIONS *****</b> <i>none In 4-29-05</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY ..</b> <b>** 05/29/2001</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Lina Haparian In</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> MA	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18
		<b>INDEPENDENT CLAIMS</b> 3		
<b>ADDRESS</b> Patent Group Foley, Hoag & Elliot LLP One Post Office Square <i># 25181</i> Boston, MA 02109-2170				
<b>TITLE</b> Remote patient care				
<b>FILING FEE RECEIVED</b> 420	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
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